

C

ENTRY BLANK

PLEASE TYPE OR PRINT

☒ Entered previous May Show☐ Ms.☒ Mr. Artist

D. J. Sobol

(Last Name Last)

Permanent

Address

23317 EAST SILSBY Rd BEACHWOOD

Street

City

44122

Zip

Tel. (216) 382-5892

Area Code

Temporary

Address

Street

City

Tel. ()

Zip

Area Code

Permanent address is in what county?

Cuyahoga

Born in Cuyahoga County

☒ Yes☐ No

Collaborator

NONE

(If Any)

If entries are not accepted or not sold:

☒ Artist will pick up entries at Museum.☐ Museum should dispose of entries.☐ Museum should ship entries to artist C.O.D. at this address:

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

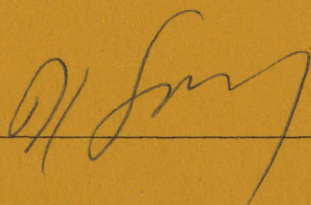
This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature



ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography
☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Medium or Materials

Title untitled (I)

Price or NFS <u>N.F.S.</u>	Insurance Value If NFS Only <u>50.00</u>	Size <u>11x14</u>
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GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price of Frame
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DO NOT WRITE IN THIS SECTION

8 (3)

ACCEPTED	REJECTED
	<u>X</u>
FEE PAID	BY
<u>3/16/74</u>	<u>ML</u>

2

- ☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography
☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Medium or Materials

Title untitled (II)

Price or NFS <u>N.F.S.</u>	Insurance Value If NFS Only <u>50.00</u>	Size <u>11x14</u>
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GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price of Frame
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DO NOT WRITE IN THIS SECTION

9 (3)

ACCEPTED	REJECTED
<u>X</u>	
RECEIVED	BY
<u>3/16/74</u>	<u>LBO</u>

DO NOT DETACH

1974 MAY SHOW

The Cleveland Museum of Art

Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	D. J. Sobol
Address	23317 EAST Silsby Rd.
City & State	BEACHWOOD, OHIO Zip 44122

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your
notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

DO NOT DETACH



RECEIVED

M. Sabal

4/13/74

1

- ☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography
☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Medium or Materials

Title

untitled (I)

DO NOT WRITE IN THIS SECTION

8

(3)

ACCEPTED

REJECTED

X

13 L

DO NOT DETACH



Marcia Sabal 6/17/74

2

- ☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography
☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts

Medium or Materials

Title

untitled (II)

DO NOT WRITE IN THIS SECTION

9

(3)

ACCEPTED

REJECTED

X